

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>3/11/2004</u>		2 Serial/Patent # <u>6603391</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
✓	Cert of Correction/Terminal Disc.	#16	10/27/2003	\$ 100.00
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 100.00
		8 TO BE REFUNDED BY:		
		Treasury Check		
		Credit Deposit A/C #:		
		9 <span style="border: 1px solid black; padding: 2px 5px;">2</span> <span style="border: 1px solid black; padding: 2px 5px;">3</span> <span style="border: 1px solid black; padding: 2px 5px;">--</span> <span style="border: 1px solid black; padding: 2px 5px;">0</span> <span style="border: 1px solid black; padding: 2px 5px;">9</span> <span style="border: 1px solid black; padding: 2px 5px;">2</span> <span style="border: 1px solid black; padding: 2px 5px;">5</span>		
10 REASON:				
	Overpayment			
	Duplicate Payment			
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Antonio Johnson</u>		TITLE: <u>Legal Instrument Examiner</u>		
SIGNATURE: <u>Antonio Johnson</u>		PHONE: <u>203-308-8331</u>		
OFFICE: <u>Cert. &amp; Correc. Branch</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*